

FAX # 515-281-4013

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE

2008 OCT 20 AM 9:23

COMMITTEE NAME (Must be name as on Statement of Organization)

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

FRAISE FOR SENATE

Political Party (if applicable)

Office Sought

Eugene

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

293

Logged In

S

Scanned

Computer

Audited

8 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 680.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

OCTOBER

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

Rec'd Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

FRAISE FOR SENATE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/12/8	ID# CK#	W. TYLER LOGAN 1229 GRAND AVE KEOKUK, IA 52632		\$ 500 ⁰⁰	<input type="checkbox"/>
7/7/8	ID# 6486 CK# 1703	IOWA TELECOM-PAC 115 S. 2ND AVE. W. NEWTON IA 50208		250 ⁰⁰	<input type="checkbox"/>
7/21/8	ID# CK#	NICHOLAS POTHITAKIS 330 N. 3RD ST BURLINGTON, IA 52601		500 ⁰⁰	<input type="checkbox"/>
7/29/8	ID# 6116 CK# 1710	POLITICAL ACTION-IA DEALERS WEST DES MOINES, IA 50265		100 ⁰⁰	<input type="checkbox"/>
8/5/8	ID# 6073 CK# 1197	IA MEDICAL-PAC 1001 GRAND AVE WEST DES MOINES, IA 50265-3502		250 ⁰⁰	<input type="checkbox"/>
7/9/8	ID# CK# 1067	GOLDEN GRAIN ENERGY-PAC 1822 43RD ST SW MASON CITY, IA 50401		500 ⁰⁰	<input type="checkbox"/>
7/29/8	ID# 6378 CK# 2087	I-VET PAC 1605 N. ANKENY BLVD SUITE 110 ANKENY, IA 50021		200 ⁰⁰	<input type="checkbox"/>
8/6/8	ID# 6059 CK# 3222	IA COMMITTEE OF AUTOMOTIVE 1111 OFFICE PARK RY. RETAILERS WEST DES MOINES, IA 50265		250 ⁰⁰	<input type="checkbox"/>
8/11/8	ID# CK# 6465	A.B. FRAISE 614 STARKITE DR. WEST POINT, IA 52656	COUSIN	50 ⁰⁰	<input type="checkbox"/>
8/12/8	ID# CK# 2553	IA COMM. ON POLITICAL EDUCATION 2000 WALKER SUITE A DES MOINES, IA 50317		400 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 3000⁰⁰

TOTAL (if last page of this schedule)

\$

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Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)**FRAISE FOR SENATE****STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/15/8	ID# 6004 CK# 4737	ASSOCIATED GEN. CONTRACTORS OF 701 COURT AVE IOWA-PAC DES MOINES, IA 50309-4941		\$2500 ⁰⁰	<input type="checkbox"/>
8/21/8	ID# 6062 CK# 355	IA CERTIFIED PUBLIC ACCOUNTANTS 950 OFFICE PARK RD PAC W. DES MOINES, IA 50265 SUITE 300		300 ⁰⁰	<input type="checkbox"/>
8/5/8	ID# 6021 CK# 2247	CREDIT UNION-PAC P.O. BOX 10409 DES MOINES, IA 50306		1000 ⁰⁰	<input type="checkbox"/>
8/7/8	ID# 6056 CK# 3756	BANKERS UNITE IN LEG. DECISIONS 8800 NW 62ND AVE. JOHNSTON, IA 50131		1000 ⁰⁰	<input type="checkbox"/>
8/26/8	ID# 6291 CK# 2657	IHA-PAC 100 E. GRAND SUITE 100 DES MOINES, IA 50309		500 ⁰⁰	<input type="checkbox"/>
9/6/8	ID# CK# 6847	RON OSBORNE 102 ORCHARD LN. NEW HONDON, IA 52645		100 ⁰⁰	<input type="checkbox"/>
9/10/8	ID# CK# 4626	STEVEN SCHOENBAUM 1671 NW 132ND ST. CLIVE, IA 50325		200 ⁰⁰	<input type="checkbox"/>
9/21/8	ID# 6237 CK# 2067	ABATE PAC 3118 EASTERN AVE N.E. CEDAR RAPIDS, IA 52402		300 ⁰⁰	<input type="checkbox"/>
9/4/8	ID# 6058 CK# 4414	IA CHIROPRACTIC SOCIETY-PAC 1605 N ANKENY BLVD Suite 100 ANKENY, IA 50023		400 ⁰⁰	<input type="checkbox"/>
9-28-8	ID# CK# 825	WILLIAM HOSKINS 819 AVE D FT-MADISON, IA 52627		25 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$6325 ⁰⁰	

TOTAL (if last page of this schedule)

\$

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Page 2 of 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

FRAISE - FOR - SENATE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/28/8	ID# CK# 2957	CATHY HELMAN 1899 335th St SALEM, IA 52649		\$ 25 ⁰⁰	<input type="checkbox"/>
9/28/8	ID# CK# 2147	ROBERT MORROWITZ 907 AVE D FT. MADISON, IA 52627		200 ⁰⁰	<input type="checkbox"/>
9/29/8	ID# CK# 2238	IOWA - FORE 8525 DOUGLAS AVE. SUITE 48 DES MOINES, IA 50322		1000 ⁰⁰	<input type="checkbox"/>
9/24/8	ID# CK# 5745	DUPONT GOOD GOV FUND 1007 MARKET ST. WILMINGTON DE 19898		200 ⁰⁰	<input type="checkbox"/>
9/23/8	ID# CK# 511	VERIZON IOWA STATE GOOD GOV. CLUB 101 11th AVE GRINNELL, IA. 50112		250 ⁰⁰	<input type="checkbox"/>
9/29/8	ID# CK# 6101 3512	TRUCK PAC IOWA P.O. BOX 6121 EAST DES MOINES STATION DES MOINES, IA. 50309		1000 ⁰⁰	<input type="checkbox"/>
9/12/8	ID# CK# 6439 2016	CWA Council of State of Iowa CORE FUND 369 California St. WATERLOO, IA. 50703		200 ⁰⁰	<input type="checkbox"/>
9/30/8	ID# CK# 6080 1092	IA - POLITICAL ACTION FOR CANDIDATE 4211 GRAND AVE. DES MOINES, IA 50312-2423		250 ⁰⁰	<input type="checkbox"/>
10/6/8	ID# CK# 6004 4845	ASSOCIATED GEN. CONTRACTORS, INC 701 E. COURT AVE. DES MOINES, IA 50309-4941		750 ⁰⁰	<input type="checkbox"/>
10/8/8	ID# CK#	CASH CONTRIBUTIONS		60 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 3935⁰⁰

TOTAL (If last page of this schedule)

\$

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Page 3 or 5
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)**FRAISE FOR SENATE****STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/8/8	ID# CK# 1074	IA CORN GROWERS ASSN. PAC		\$ 800 ⁰⁰	<input type="checkbox"/>
10/9/8	ID# CK# 6745	BETTY POSE 919 OLD DENMARK HILL FT. MADISON, IA 52627		20 ⁰⁰	<input type="checkbox"/>
10/9/8	ID# CK# 7069	M.J. ORLANDINI 2161 NORTH FORK DRIVE FT. MADISON, IA 52627		20 ⁰⁰	<input type="checkbox"/>
10/8/8 10/8/8	ID# CK# 1280	PLUMBERS & PIPE FITTERS LOCAL 125 1839-16th AVE SW CEDAR RAPIDS, IA 52404-1755		1500 ⁰⁰	<input type="checkbox"/>
10/9/8	ID# CK# 9467	AURA HECOX 3002 HWY 103 FT. MADISON, IA 52627		20 ⁰⁰	<input type="checkbox"/>
10/8/8	ID# CK# 2275	OTTO GROENWALT 1634-32nd AVE FT. MADISON, IA 52627		25 ⁰⁰	<input type="checkbox"/>
10/6/8	ID# CK# 6282	HYVEE PAC 5820 WESTOWN PKWY WEST DES MOINES, IA 50266		250 ⁰⁰	<input type="checkbox"/>
10/12/8	ID# CK# 6042	GROCERS PAC 2540 106th ST. SUITE 102 DES MOINES, IA 50322		500 ⁰⁰	<input type="checkbox"/>
10/2/8	ID# CK# 10618	BNSF RAILPAC P.O. BOX 961039 FT. WORTH, TX 76161-0039		500 ⁰⁰	<input type="checkbox"/>
10/3/8	ID# CK# 3418	BROTHERHOOD OF LOCOMOTIVE ENGINEERS & TRAINMEN CONTRACTORS 1370 ONTARIO ST CLEVELAND, OH 44113		300 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 3935 ⁰⁰	<input type="checkbox"/>
TOTAL (if last page of this schedule)				\$	<input type="checkbox"/>

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)**FRAISE FOR SENATE****STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/1/8	ID# CK# 1157	IA. LUMBERMEN'S - PAC P.O. BOX 577 PRAIRIE CITY, IA 50228		\$ 200 ⁰⁰	<input type="checkbox"/>
10/6/8	ID# CK# 2218	HEAVY HIGHWAY - PAC 2415 INGERSOLL AVE DES MOINES IA 50312-5233		250 ⁰⁰	<input type="checkbox"/>
	ID# CK#	BANK INTEREST		40 ⁴⁵	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 490⁴⁵

TOTAL (if last page of this schedule)

\$ 1768⁵⁴

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Page 5 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

FRAISE - FOR - SENATE

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/11/8	ID# CK#	JAN RANDOLPH 14 RIVER RIDGE FT MADISON, IA 52627	KEMPKER RENTAL ON WINE GLASSES & SALAD PLATES	\$ 37 ⁰⁸
8/24/8	ID# CK#	KUMAR'S DINING & CATERING 5001 AVE FT MADISON, IA	FOOD SERVED AT FUNDRAISER	372 ⁰⁰
8/10/8	ID# CK#	LABOR DAY MEDIA PROGRAM		75 ⁰⁰
8/27/8	ID# CK#	MISSISSIPPI VALLEY PRINTING 606 AVE G. FT. MADISON, IA 52627	HATS & T-SHIRTS " FRAISE FOR SENATE	236 ⁴⁷
9/8/8	ID# CK#	CARTER PRINTING 1739 E. GRAND AVE DES MOINES, IA 50316	SIGN & CAMPAIGN WIRES & CARDS	687 ³¹
9/8/8	ID# CK#	SENATE MAJORITY FUND	GENERAL CONTRIBUTION SENATE CAMPAIGN FUND	7000 ⁰⁰
10/1/8	ID# CK#	SENATE MAJORITY FUND	GENERAL CONTRIBUTION	10,000 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 18,407 ⁸⁶

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(9)(j).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

FRAISE FOR SENATE

Reset Form

SCHEDULE

E

(Rev. 06/07)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/24/8	JAN RANDOLPH 14 RIVER RIDGE DR FT. MADISON, IA 52627		REFRESHMENTS FOR FUNDRAISER	\$ 312 ⁰⁰	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 312⁰⁰TOTAL (if last
page of this
schedule)\$ 312⁰⁰

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Page 1 of 1
(for Schedule E)